



PATIENT LABEL

Where was fish obtained? _____

How long have you owned your fish? _____

When was tank/pond established? _____

HOUSING/ENVIRONMENT

Fish is housed in a **TANK**

Fish is housed in a **POND**

Dimensions: _____

Dimensions (including depth): _____

Gallons: _____ Fresh water Salt water

Tank bottom substrate: _____

Gallons: _____ Fresh water Salt water

What other items are in the tank? _____

What is the lining of the pond? _____

How often is your tank cleaned? _____

What plants/rocks/other items are in the pond?

What do you use to clean? _____

Location of tank in home: _____

What is the temperature and how is it measured?

What plants/rocks/other items are around pond?

Do you have a heater? _____

Filter type: _____

Type of filtration system: _____

What type of light source is over the tank?

How is pond aerated? _____

How often is light changed? _____

Is there netting or other cover over the pond?

Duration of Light: _____ hours, Dark: _____ hours

Describe: _____

AQUATIC PATIENT QUESTIONNAIRE

How often is water changed? What %? _____

How often is water added? _____

When was the last water quality test and what were the results? _____

Is anything added to the water? If so, what and how often? _____

What other animals live in the tank/pond? (Numbers and species) _____

How long have they shared the tank/pond? _____

Any changes to your fish's environment in the past 6 months? i.e. fish additions or losses

Describe: _____

Has your fish been transported anywhere in the last year? **Y / N**

Describe: _____

DIET

Fish's diet (type, name brand, amount, frequency): _____

Supplements/vitamins? _____

Last time your fish ate? _____

MEDICAL HISTORY

Has this pet been examined by another veterinarian? **Y / N** Name: _____

Has your pet had any injuries, illnesses, or surgeries? **Y / N** Please describe: _____

Is your pet on any medications? **Y / N** Please list (type, amount, frequency): _____

Please describe any concerning problems: _____

When did you first notice the problem? _____ Has it gotten worse? **Y / N**

If yes, how? _____

Have you (or your veterinarian) administered any medications or treatments? **Y / N**

Please list: Oral _____ In Water _____

Via Food _____ Injection _____ Topical _____

AQUATIC PATIENT QUESTIONNAIRE

Have the treatments helped? **Y /N** If so, how? _____
